

**Department of Health and Social Services, Division of Public Health, Office of Radiation Control**  
**APPLICATION FOR REGISTRATION OF A NEW RADIATION FACILITY**  
**(Continuation of requested information may be provided on plain paper, as needed)**

**APPLICATION FOR REGISTRATION OF A NEW RADIATION FACILITY**



Delaware Division of Public Health  
Office of Radiation Control  
417 Federal Street  
Dover, Delaware 19901  
Tel. (302) 744-4546  
Fax (302) 739-3839

FOR AGENCY USE ONLY  
DO NOT WRITE IN SPACES BELOW

Registration No. \_\_\_\_\_  
Effective Date \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Facility Type \_\_\_\_\_  
Certificate of Approval No. \_\_\_\_\_

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PLEASE READ INSTRUCTIONS PRIOR TO COMPLETING FORM

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1. ORGANIZATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

2. OWNER OF RADIATION MACHINE/EQUIPMENT:

Name: \_\_\_\_\_ EIN or Social Security No. \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

3. HEALING ARTS RADIATION USE ONLY: (Includes Chiropractic, Dental, Medical, Veterinary, etc.)

Name: \_\_\_\_\_ DE Professional  
Board License No. \_\_\_\_\_  
(Principal Supervisor for use of x-ray equipment)  
Phone: \_\_\_\_\_

4. INDIVIDUAL RESPONSIBLE FOR RADIATION PROTECTION (RADIATION SAFETY OFFICER )

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Title: \_\_\_\_\_

5. RADIATION SERVICE COMPANY (for installation, calibration, consultation, etc.)

Company Name: \_\_\_\_\_  
Company's DE Registration No. \_\_\_\_\_

6. The Usual Radiation Procedures Performed at the Facility Are: (Check All Appropriate Categories)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> None: Equipment Stored | <input type="checkbox"/> Dental Intraoral  | <input type="checkbox"/> Orthopedic         |
| <input type="checkbox"/> Accelerator            | <input type="checkbox"/> Educational       | <input type="checkbox"/> Panorgraphic       |
| <input type="checkbox"/> Analytical             | <input type="checkbox"/> Fluoroscopy       | <input type="checkbox"/> Podiatric          |
| <input type="checkbox"/> Bone Densitometry      | <input type="checkbox"/> General Radiology | <input type="checkbox"/> Screening Cabinet  |
| <input type="checkbox"/> Cephalometric          | <input type="checkbox"/> Head Unit         | <input type="checkbox"/> Special Procedures |
| <input type="checkbox"/> Chest Study            | <input type="checkbox"/> Industrial        | <input type="checkbox"/> Spine              |
| <input type="checkbox"/> Chiropractic           | <input type="checkbox"/> Mammography       | <input type="checkbox"/> Therapy            |
| <input type="checkbox"/> Contrast Media Studies |  | <input type="checkbox"/> Veterinary         |
| <input type="checkbox"/> CT Scans               |  |   |

**APPLICATION FOR REGISTRATION OF A NEW RADIATION FACILITY (cont.)**

**7. RADIATION INFORMATION (List Radiation Machines at the Facility)**

X-ray Tube No.	Name of Manufacturer of Tube Housing Assembly (THA)	Serial Number of Tube Insert (TI) [If "TI" is not available, then give "SN" of Tube Housing Assembly "THA"]	Installed Mo./Yr.	kVp Max	mA Max	Room	Tube Status(*)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

\* Tube Status ( IN=Installed, AC=Activated/In Use, ST= Stored, DI=Disposed )

I certify that the information provided is true to the best of my knowledge.

8. SIGNATURE OF OWNER/OPERATOR : \_\_\_\_\_ DATE: \_\_\_\_\_

(PLEASE TYPE NAME): \_\_\_\_\_

The official Notice of Registration will be sent to the address given in item 1.

**INSTRUCTIONS FOR APPLICATION FORM ORC-R1  
REGISTRATION OF A NEW RADIATION FACILITY**

<b>ITEM #</b>	<b>INSTRUCTIONS/DEFINITIONS</b>
<b>1. FACILITY</b>	Facility means the location at which one or more x-ray systems are installed and/or located within one building or vehicle and are under the same administrative control. The owner (item 2) is responsible for providing the complete address (included department number and/or name of the department head) of the intended recipient of the official registration. The information in item 1 will be used as the mailing label content.
<b>2. RADIATION MACHINE OR X-RAY EQUIPMENT OWNER</b>	Enter the name of the individual/person who owns or leases the radiation machine/x-ray equipment, or an authorized designee. If the owner designates another individual as "owner"; a copy of the written designation should be enclosed with this application. The machine/equipment "owner" or "lessee" is the applicant and signs the form ORC-R1.
<b>3. X-RAY EQUIPMENT USE SUPERVISOR (Healing Arts Only)</b>	Enter the name of the individual responsible for initiating use of x-ray equipment at the facility, i.e. the doctor who orders/prescribes the radiograph or radiologic procedure is the supervisor. The regulations require that x-ray equipment be used by or under the supervision of an individual who is licensed to practice the healing arts by the State of Delaware.
<b>4. RADIATION PROTECTION</b>	The regulations require that each person applying for registration of an x-ray facility designate on the application form an individual to be responsible for radiation protection. Provide the required information for the individual who is responsible for the daily radiation safety activities established for the facility. If that individual is the healing arts facility supervisor, enter the word same.
<b>5. RADIATION SERVICE COMPANY</b>	The regulations require each registrant to prohibit a non-registered company from servicing their radiation equipment or facility. Specify the name and Delaware Registration Number of the Radiation Service Provider that services your equipment/facility.

ITEM #	INSTRUCTIONS/DEFINITIONS
<b>6. THE USUAL RADIATION PROCEDURES PERFORMED</b>	Specify exactly which radiation examination(s) or use(s) are performed at the facility by checking the appropriate item(s). The conditions of your facility's registration will be limited to those procedures for which your facility has applied for registration.
<b>7. RADIATION MACHINES, X-RAY EQUIPMENT OR SYSTEMS INFORMATION</b>	<p>X-ray system: An assemblage of components for the controlled production of X-rays. It includes minimally an x-ray high voltage generator, an x-ray control, a tube housing assembly, a beam limiting device, and the necessary supporting structure; also known as x-ray equipment. Complete the equipment list by numbering each tube or system consecutively beginning with 1.</p> <p>Tube Housing Assembly (THA): the tube housing assembly contains the x-ray tube insert defined in *DRCR. On dental "THA" this serial no. is usually found on the back of the "THA" or on the supporting structure for the "THA". X-ray Tube or Tube Insert (TI): Any electron tube which is designed to be used primarily for the production of x-rays as defined in DRCR. For dental x-ray equipment this serial no. is usually next to the "THA" serial no. (see above). Tube status categories include Installed, Activated/In Use, Stored, or Disposed.</p>
<b>8. SIGNATURE OF APPLICANT</b>	The Owner or Lessee of the radiation machine must sign and date the application, form ORC-R1. The registration is not valid until a "Notice of Registration" has been issued. A copy will be sent to you.

\*Refers to the Delaware Radiation Control Regulations [DRCR].

In order to facilitate processing, please be sure that all items on the application have been completed before sending to the agency. Incomplete applications will be returned. If you have any questions, please call (302)744-4546.

Send the completed, signed application to:

Delaware Division of Public Health  
Office of Radiation Control  
417 Federal Street  
Dover, DE 19901